

<b>EPA INTERIM FORM FOR REQUESTING, APPROVING AND TRACKING <u>TRAVEL COMPENSATORY TIME OFF (TCTO)</u> [applicable to each individual travel authorization, either single or multiple dates]</b>	
<b>EMPLOYEE=S NAME:</b>	
<b>EMPLOYEE=S EPA IMPL ID NUMBER (PeoplePlus Only)</b>	
<b>EMPLOYEE=S ORGANIZATION</b>	
<b>EMPLOYEE=S REG. SCHEDULED TOUR OF DUTY</b>	
<b>TRAVEL AUTHORIZATION NUMBER</b>	
<b>TRAVEL VOUCHER NUMBER</b>	

**OFFICIAL  
TRAVEL**

DATE (one line per flight or leg of trip)	USUAL TERMINAL WAITING TIME	ADDITIONAL WAITING TIME*	ACTUAL TRAVEL TIME **	BONA FIDE MEAL PERIOD(S)	TCTO REQUESTED OR CREDITABLE

\* This does not include time that is available to the employee for personal use (resting, sleeping, shopping, etc.). \*\*Time physically traveling on the plane, train, etc.  
EMPLOYEE REMARKS (Attach additional page(s), if more space is needed):  
EMPLOYEE CERTIFICATION: I certify that the information submitted by me in this request for credit for Compensatory Time Off is true and accurate to the best of my ability.

Signature of Employee \_\_\_\_\_

Date: \_\_\_\_\_

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Is the  
employee  
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tion for  
any of the  
time  
claimed in  
this  
request  
[overtime,  
overtime  
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off,  
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Sunday  
pay, or  
night pay  
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l] even if  
limited in  
actual  
payment  
by an  
applicable  
maximum  
pay limit  
(biweekly  
or  
annual)]?  
Travel  
during  
hours for  
which  
the  
employe  
e is not  
receiving  
regular  
pay,  
premium  
pay or  
other  
compens

ation is creditabl e.				
<b>YES</b>		<b>NO</b>		
If yes, how much of the time claimed is compensable under another authority?				
TOTAL TIME CREDITED: _____ (Excluding other compensable time and bona fide meal periods and expressed in hours and increments of 15 minutes.)				

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(a).  
TCTO  
time  
granted  
preliminar  
y  
approval

prior to travel.
[ _____
Hour(s); _____
Minutes]
(b). Additional TCTO time not covered by preliminary approval after travel.
[ _____
Hour(s); _____
Minutes]
(c). TCTO time requested after preliminary approval, but disapproved (reasons attached).
[ _____
Hour(s); _____
Minutes]
◇
The following hours and minutes of TCTO are

approved in final.....
[ _____
Hour(s);
Minutes]
<b>REMA RKS, SIGNA TURE</b>
Date: _____ _____ ◊ _____ _____ _____ _____ _____ _____ Date: _____ _____ Prelimin ary (pre- travel) Approval [local option] Final (post- travel) Approval (Final computatio n, certificatio

n and  
approval to  
be rendered  
after  
completion  
of official  
travel.)

U.S. ENVIRONMENTAL PROTECTION AGENCY

EXPENDITURE OF CREDITED  
TCTO DERIVED FROM THIS  
REQUEST AND APPROVAL  
(Attach SF-71 to document request  
and approval of use)

DATE	INITIAL BALANCE	NUMBER OF HOURS USED	NEW BALANCE




(applicable to each individual trip)

<p>CUMULATIVE TCTO BALANCE REFLECTING MULTIPLE TRAVEL AUTHORIZATIONS AND VOUCHERS</p>
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TOTAL TRIPS INVOLVED	TOTAL HRS. TCTO APPROVED	TOTAL HOURS TCTO USED	TOTAL HRS. TCTO AVAILABLE

(for the convenience of a summary tally for an employee=s balance)